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CONFIRMATION NO. 2639

<b>SERIAL NUMBER</b> 10/647,408	<b>FILING OR 371(c) DATE</b> 08/25/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> ARV-003	
<b>APPLICANTS</b> Ravi Kumar, Briarcliff Manor, NY; <b>** CONTINUING DATA *****</b> <i>related to 10/086,153; 3.01.02, now U.S. Pat. No. 7,278,430</i> This application is a CIP of 10/086,153 02/26/2002 PAT 7,147,596 * (*)Data provided by applicant is not consistent with PTO records. <b>** FOREIGN APPLICATIONS *****</b> <i>new</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 04/22/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>gjm</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Gordon & Jacobson David P Gordon 60 Long Ridge Rd Ste 407 Stamford, CT06902					
<b>TITLE</b> Removable blood vessel occlusion device					
<b>FILING FEE RECEIVED</b> 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		